

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>14055</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Mary Lou</u>    <u>Aguirre</u>  P.O. Box, Bldg., Room No., if any    Street <u>1222 I Street</u>  City <u>Modesto</u>  State <u>California</u>   ZIP Code + 4 <u>95354</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 748</u>  Labor Organization File Number <u>037-333</u>    P.O. Box, Building and Room Number, if any    Street <u>1222 I Street</u>  City <u>Modesto</u>  State <u>California</u>   ZIP Code + 4 <u>95354</u>
5. Position in labor organization. <u>Recording Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name    Trade Name, if any:    P.O. Box, Bldg., Room No., if any    Street    City    State   ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.          

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Mary Lou Aguirre

On

8/11/2005

Date

(209) 522-9006

Telephone Number

Name of Person Filing Mary Lou Aguirre	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name   Teamsters Life</p> <p>Trade Name, if any:  </p> <p>P.O. Box, Bldg., Room No., if any  </p> <p>Street   160 Airway Boulevard</p> <p>City   Livermore</p> <p>State   California   ZIP Code + 4   94551-2479</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>		
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name  </p> <p>Trade Name, if any:  </p> <p>P.O. Box, Bldg., Room No., if any  </p> <p>Street  </p> <p>City  </p> <p>State     ZIP Code + 4  </p>	<p>11.a. Nature of such dealing.</p> <p>Teamsters Life provides life insurance to the employees of Teamsters Local 748. The amount in item 11b represents the premiums paid to Teamsters Life during the year ended December 31, 2004.</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">11.b. Approximate dollar value of such dealing.</td> <td style="width: 20%; text-align: right;">\$845</td> </tr> </table>	11.b. Approximate dollar value of such dealing.	\$845
11.b. Approximate dollar value of such dealing.	\$845		
	<p>12.a. Nature of interest held or income received.</p> <p>Teamsters Life sponsored a reception for attendess of the Teamsters Cannery Council seminar held on October 18, 2004 in Reno, Nevada.</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">12.b. Amount.</td> <td style="width: 20%; text-align: right;">\$38</td> </tr> </table>	12.b. Amount.	\$38
12.b. Amount.	\$38		

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name  </p> <p>Trade Name, if any:  </p> <p>P.O. Box, Bldg., Room No., if any  </p> <p>Street  </p> <p>City  </p> <p>State     ZIP Code + 4  </p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer     or Consultant     ?</p>	<p>14.b. Amount of payment.</p>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name   Vision Service Plan</p> <p>Trade Name, if any:   VSP</p> <p>P.O. Box, Bldg., Room No., if any  </p> <p>Street   3333 Quality Drive</p> <p>City   Rancho Cordova</p> <p>State   California   ZIP Code + 4   95670</p>	<p>9. Business deals with:</p> <p>  a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>  c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name   Joint Benefit Trust</p> <p>Trade Name, if any:  </p> <p>P.O. Box, Bldg., Room No., if any   P.O. Box 2479</p> <p>Street   160 Airway Boulevard</p> <p>City   Livermore</p> <p>State   California   ZIP Code + 4   94551-2479</p>	<p>11.a. Nature of such dealing.</p> <p>Vision Service Plan (VSP) provides vision claims administration to the Joint Benefit Trust Fund. The amount in item 11b are the fees paid to VSP during the plan year ended April 30, 2004.</p> <p>11.b. Approximate dollar value of such dealing.   \$57,655</p> <p>12.a. Nature of interest held or income received.</p> <p>VSP provided half of the cost of food and beverages for a reception hosted by the Teamsters Cannery Council, which was held subsequent to their annual seminar in Reno, Nevada on October 19, 2004.</p> <p>12.b. Amount.   \$19</p>

Name of Person Filing Kathi Dixon	File Number U-
-----------------------------------	----------------

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name   Health Services Benefit Administrators</p> <p>Trade Name, if any:  </p> <p>P.O. Box, Bldg., Room No., if any   P.O. Box 2479</p> <p>Street   160 Airway Boulevard</p> <p>City   Livermore</p> <p>State   California   ZIP Code + 4   94551-2479</p>	<p>9. Business deals with:</p> <p>    a. Labor Organization</p> <p><input checked="" type="checkbox"/>   b. Trust</p> <p>    c. Employer</p>	
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name   Joint Benefit Trust</p> <p>Trade Name, if any:  </p> <p>P.O. Box, Bldg., Room No., if any   P.O. Box 2479</p> <p>Street   160 Airway Boulevard</p> <p>City   Livermore</p> <p>State   California   ZIP Code + 4   94551-2479</p>	<p>11.a. Nature of such dealing.</p> <p>Health Services Benefit Administrators (HSBA) administers the Joint Benefit Trust Fund. The amount in item 11b is the fees paid to the administrator during the plan year ended April 30, 2004.</p>	
	<p>11.b. Approximate dollar value of such dealing.</p>	<p>\$3,001,807</p>
	<p>12.a. Nature of interest held or income received.</p> <p>HSBA provided Mr. Hailstone with dinner subsequent to a meeting of the Executive Board of the Teamsters Cannery Council on October 18, 2004 in Reno, Nevada.</p>	
	<p>12.b. Amount.</p>	